



## UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE  
 United States Patent and Trademark Office  
 Address: COMMISSIONER FOR PATENTS  
 P.O. Box 1450  
 Alexandria, Virginia 22313-1450  
 www.uspto.gov



Bib Data Sheet

CONFIRMATION NO. 1505

<b>SERIAL NUMBER</b> 10/718,248	<b>FILING OR 371(c) DATE</b> 11/20/2003 <b>RULE</b>	<b>CLASS</b> 607	<b>GROUP ART UNIT</b> 3762	<b>ATTORNEY DOCKET NO.</b> 31685-704.502
<b>APPLICANTS</b> Daniel John DiLorenzo, Ft. Washington, MD;				
<b>** CONTINUING DATA *****</b> This appln claims benefit of 60/436,792 12/27/2002 * and claims benefit of 60/427,699 11/20/2002 and is a CON of 09/340,326 06/25/1999 PAT 6,366,813 which claims benefit of 60/095,413 08/05/1998 (*)Data provided by applicant is not consistent with PTO records.				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b> ** 06/22/2004				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Verified and <u>SL</u> Acknowledged <u>Examiner's Signature</u> Initials	<b>STATE OR COUNTRY</b> MD	<b>SHEETS DRAWING</b> 38	<b>TOTAL CLAIMS</b> 194	<b>INDEPENDENT CLAIMS</b> 14
<b>ADDRESS</b> 021971				
<b>TITLE</b> Apparatus and method for closed-loop intracranial stimulation for optimal control of neurological disease				
<b>FILING FEE RECEIVED</b> 2489	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	